

LLANGYFELACH RURAL DISTRICT COUNCIL.

❖ ANNUAL REPORT ❖

OF THE

MEDICAL OFFICER

ON THE

HEALTH & SANITARY CONDITION

OF THE

LLANDILO-TALYBONT DIVISION,

FOR THE YEAR 1895.

Swansea:

PRINTED BY JOHN REES DAVIES, 2 & 3, WELCOME STREET.
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To the Members of the Llangyfelach Rural District Council

GENTLEMEN,

I beg to submit my Report on the health and sanitary condition of the Llandilo-Talybont Division for the year ending 31st December, 1895.

EXTENSION OF AREA.

Under the provisions of the Local Government Act, 1894, the Glamorganshire portion of the Llanelly Union, viz., the Parish of the Borough of Loughor and the Parish of Loughor, were transferred to the Llangyfelach Rural District, and since 1st January, 1895, those parishes have formed a portion of the Llandilo-Talybont Division. This newly-added area contains 3,647 acres. To avoid confusion, due to the similarity of names of the two Loughor parishes, the name of the Parish of Loughor has since been altered to that of Parish of Gowerton.

POPULATION.

The extension of the Llandilo-Talybont Division as above, has led to an increase of the population by 4,391.

My estimate of the increase of the population for the year in the various parishes is based mainly on the excess of births over deaths, as, unfortunately, the long-continued depression of trade has almost completely arrested the usual increase of population by immigration. The population of the Llandilo-Talybont Division on 30th June, 1895, is estimated at 19,720. The populations of the various sub-districts are shown in Table B. For all statistical purposes the old sub-divisions of Cockett Parish, viz., Swansea Higher and Swansea Lower, are retained in this report.

INDUSTRIES.

Though this Division is a rural one, the agricultural element is very small, and the population is mainly dependent upon the coal, tinplate, and steel industries. The works situated within the Division include 24 collieries, 7 tinplate works, 2 steel works, 4 engineering works, 9 brick works, 6 woollen factories, and 3 chemical works; and practically the whole of the population live in towns or villages.

BIRTHS.

The birth rate of this Division in 1895 was 34·8 per 1000, which shows an increase of 1·1 over the preceding year, but falls 3·8 below the average of the 10 years 1885-94. A declining birth rate, however, is not peculiar to this Division, as the birth rate of England and Wales has been falling pretty steadily since 1876. The birth rate of the Division in 1895 was 4·5 per 1000 above that of the country at large.

As in former years the proportion of illegitimate births, viz., 32 per 1000 registered births, bears very favourable comparison with the average rate of 45 per 1000 recorded in England and Wales during the 10 years 1885-94.

Of the 687 births in this Division registered in 1895, 362 were those of males, and 325 those of females, being in the proportion of 1,114 males to 1,000 females. In England and Wales, 1885-94, the proportion was 1,037 males to 1,000 females.

TABLE I.—Showing the Number of Births Registered in the year 1895 and the Birth Rates since 1885:—

NAME OF LOCALITY.	Estimated Population on 30th June, 1895.	Total No. of Births.	No. of Males.	No. of Females.	Illegiti- mate.		Birth Rate per 1000 of Population.											
					Males.	Females.	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	Mean Rate. 1885-94	1895
Parish of Llandilo-Talybont .	5414	220	129	91	7	5	38.1	41.0	39.7	42.8	46.1	45.0	39.7	35.5	33.6	36.9	39.8	40.6
Parish of Penderry ..	3199	105	59	46	3	1	39.7	39.3	47.7	39.7	37.1	38.6	42.5	37.4	32.4	34.7	38.9	32.8
Swansea Higher ..	4496	158	73	85	0	1	43.4	41.7	39.3	41.7	36.5	44.5	41.6	40.9	47.7	32.5	41.0	35.1
Swansea Lower ..	2220	55	25	30	0	1	28.3	38.3	36.6	31.5	31.4	28.5	28.7	32.3	32.3	26.8	31.5	24.8
Loughor Berough ..	2168	79	44	35	1	1	35.8	31.2	32.8	40.9	31.7	44.1	40.2	36.5	40.7	40.6	37.5	36.4
Parish of Gowerton ..	2223	70	32	38	0	2	48.1	48.2	32.2	33.1	38.4	43.6	39.4	44.0	33.1	38.1	39.8	31.5
Llandilo-Talybont Division..	19720	687	362	325	11	11	39.3	40.6	40.8	40.1	38.3	40.5	39.1	36.3	37.3	33.7	38.6	34.8
England and Wales ..							32.9	32.8	31.9	31.2	31.1	30.2	31.4	30.5	30.8	29.6	31.2	30.3

DEATHS.

The general death rate of this Division in 1895 was 15·6 per 1000, which compares very favourably with the rate of 17·0 per 1000 recorded for the country districts of England and Wales. Excluding the newly-added parishes, the death rate of the old area of the Division was 15·0 per 1000, which is 2·5 per 1000 below the Divisional mean rate of the preceding 10 years.

As the death rate of Loughor Borough was exceptionally high in 1895, I considered it desirable to obtain the vital statistics of Loughor Borough and Parish for the preceding ten years, and to calculate the various rates of mortality of those areas. The result of my enquiries is given in tabular form, and shows that the high rate recorded in the Borough last year is merely due to one of those violent fluctuations which are liable to occur in a small population.

The most important points in regard to mortality are set forth in Tables A and II.—VI., but it may be well here to specify the causes of the 160 deaths which are classified in Table A as due to “other diseases.” The registered causes of death in those cases were as follows:—Diabetes mellitus, 2; cancer, 4; rodent ulcer, 2; sarcoma, 1; chronic rheumatism, 1; rheumatoid arthritis, 1; apoplexy, 10; paralysis, 1; epilepsy, 1; syphilis, 1; pyaemia, 1; old age, 14; premature birth, 14; congenital malformations, 2; marasmus, atrophy, inanition, or debility from birth, 32; tabes mesenterica, 6; tubercular meningitis, 9; convulsions, 31; laryngismus stridulus, 2; croup, 1; laryngitis, 3; asthma, 1; aortic aneurism, 1; cirrhosis of liver, 1; nephritis, 1; Bright’s disease, 4; accidental phosphorus poisoning, 1; drowning, 1; suicide by hanging, 1; cold and exposure, 1; syncope, 4; peritonitis, 1; gastritis, 1; gangrene, 1; Hodgkin’s disease, 1; phlegmasia dolens, 1.

The deaths shown at the foot of Table A balance each other so closely in the present instance that no correction requires to be made, except in regard to phthisis. The deaths shown as having occurred within the Division among non-residents were—one in Llandilo-Talybont from syncope, one in Penderry from cold

and exposure, one in Swansea Lower from drowning, and one in Loughor Borough from phthisis. Of the deaths occurring “outside the Division among persons belonging thereto,” one occurred in Swansea General Hospital from spinal caries and meningitis, one in Swansea Workhouse from abortion and another from scrotal abscess, and one in Llanelly Workhouse from old age; the four patients belonging to Llandilo-Talybont, Penderry, Swansea Lower, and Loughor Borough respectively. No death occurred among patients from this Division in the Bridgend and Carmarthen Lunatic Asylums and Swansea Fever Hospital.

The zymotic death rate was 0·66 per 1000, which is little more than one-third of the mean rate recorded in the decennium 1885-94, viz., 1·95.

The death rate from typhoid fever was 0·203, which somewhat exceeds the average of recent years, and the causes of this excess are fully discussed in another part of this report. It may be worth while, in this connection, to point out the significant fall in the typhoid death rate of this Division since the passing of the Public Health Act, 1875. The earliest annual report of a Medical Officer of Health of this Division deals with the year 1877, and the mean annual death rates from typhoid fever recorded since that time have been as follows :—

1877-80,	0·699	per 1000.
1881-85,	0·353	„
1886-90,	0·276	„
1891-95,	0·141	„

In other words, where five persons would have died of typhoid fever under former conditions, only one dies now. A careful examination of the history of those 19 years shows that each improvement in the quality of the water supply has been followed by a very marked fall in the typhoid death rate of the particular locality for which the improved water supply had been provided. It is not too much to hope and expect that, when each portion of this district has been provided with pure water, deaths from typhoid fever in this Division will become almost as rare as deaths from typhus fever have already become through prevention of overcrowding, and deaths from small-pox through enforcement of compulsory vaccination.

The death rate from phthisis (or consumption) is again excessive. The mean annual rate is highest in Llandilo-Talybont Parish, whose soil is excessively damp, and lowest in Swansea Lower, where the natural drainage is good, and where the houses are largely of a better class.

The rate of infant mortality in 1895 exactly coincided with that of England and Wales, but was much too high, the increase being chiefly due to the large number of premature births and cases of "debility from birth." The excess was not due to zymotic disease, and the low death rate from diarrhœa seems to indicate that infants receive due maternal care and proper feeding. Married women, it is to be noted, are not employed in any of the works of this district. The mean rate of the preceding 10 years was below that of England and Wales, a very gratifying fact in a mining and manufacturing district such as this.

The death rate from diseases of the respiratory system in 1895 was 3·25 per 1000, a very satisfactory rate.

Of the total deaths in 1895, 111, or 36·0 per cent., occurred among children under one year of age, and 144, or 46·7 per cent., among children under five years of age.

Of the 59 deaths which occurred at the age of 65 years or upwards, 33 occurred under 75, 17 at the age of 75 and under 85, 5 at the age of 85 and under 90, 3 between 90 and 95, and 1 reached the age of 96.

In only 1·3 per cent. of the deaths was the cause uncertified by medical practitioners or by the Coroner, as compared with 2·3 per cent. in England and Wales.

Inquests were held in 14 cases, or 4·5 per cent. of the total deaths, whilst in England and Wales the proportion was 6·0 per cent.

The following were the monthly death rates during 1895 :—
January, 15·4 ; February, 22·5 ; March, 23·2 ; April, 22·2 ; May, 11·9 ; June, 14·2 ; July, 16·1 ; August, 6·5 ; September, 11·1 ; October, 12·5 ; November, 15·4 ; December, 16·7.

TABLE II.—Showing the Number of Deaths Registered during the year 1895 ; the Average Age at Death ; and the Death Rates of the Sub-Districts since 1885.

Name of Locality.	Mean Age at Death in 1895			Death Rate per 1000 of Population.												
	Estimated Population on June 30, 1895	Number of Deaths Registered in 1895	Mean Age at Death in 1895		1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	Mean Rate 1885-94.	1895
			Years	M'ths												
Parish of Llandilo-Talybont	5414	90	22	8	15.6	15.6	20.6	15.7	19.0	18.0	14.4	15.5	19.5	16.9	17.1	16.66
Parish of Penderry	3199	49	22	0	15.9	17.9	21.2	18.9	18.4	20.2	18.2	15.2	17.5	18.1	18.2	15.3
Swansea Higher	4496	73	28	6	12.4	17.8	23.4	18.7	17.3	21.1	17.8	14.7	19.6	16.3	17.9	16.2
Swansea Lower	2220	18	38	2	13.3	17.7	15.0	10.8	21.7	15.7	19.0	13.0	17.5	15.4	15.9	8.1
Loughor Borough	2168	49	33	5	15.2	11.2	12.6	15.9	11.7	17.6	17.9	12.0	20.4	12.6	14.7	22.6
Parish of Gowerton	2223	29	32	0	15.0	16.5	17.2	16.5	19.5	17.4	13.1	19.0	16.5	17.3	16.8	13.0
Llandilo-Talybont Division	19720	308	27	5	15.48	17.0	21.2	16.92	18.54	19.13	16.95	14.86	18.24	16.8	17.5	15.6
Country Districts of England and Wales	..	..	..	..	17.8	18.0	17.2	16.6	16.4	17.4	18.5	18.1	17.4	15.6	17.3	17.0
All England and Wales	..	..	..	..	19.2	19.5	19.1	18.1	18.2	19.5	20.2	19.0	19.2	16.6	18.9	18.7

TABLE III.—Showing the Number of Deaths from each of the principal Zymotic Diseases in the Llandilo-Talybont Division in 1895 and the 10 years preceding.

	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895
Small Pox	0	0	0	0	0	0	0	0	0	0	0
Measles	0	8	34	0	1	16	6	2	23	1	1
Scarlet Fever ..	0	0	3	13	21	4	3	7	3	2	2
Diphtheria	0	0	0	3	1	2	1	3	3	2	1
Whooping Cough ..	1	5	8	0	9	0	1	6	7	10	1
Typhus Fever ..	0	0	0	0	0	0	0	0	0	0	0
Enteric or Typhoid Fever Simple and ill-defined	6	6	5	4	4	1	3	2	0	2	4
Continued Fever ..	1	0	0	0	0	0	0	0	0	0	0
Diarrhoea and Dysentery	0	7	5	2	3	3	6	1	8	1	4
Total Deaths from the principal Zymotic Diseases	8	26	55	22	39	26	20	21	44	18	13
Death Rate from the principal Zymotic Diseases per 1000 of population	0.57	1.86	3.74	1.46	2.25	2.14	1.48	1.54	2.99	1.20	0.66

TABLE IV.—Showing the Death Rates from each of the Principal Zymotic Diseases in 1895, and the Mean Annual Rates 1885-94 :—

Name of Disease.	Death Rate in 1895 per 1000 of Population.							Mean Annual Death Rate 1885-94 per 1000 of population.								
	Parish of Llandilo-Talybont.	Parish of Penderry.	Swansea Higher.	Swansea Lower.	Loughor Borough.	Parish of Gwerton.	Llandilo - Talybont Division.	England and Wales.	Parish of Llandilo-Talybont.	Parish of Penderry.	Swansea Higher.	Swansea Lower.	Loughor Borough.	Parish of Gwerton.	Llandilo-Talybont Division.	England and Wales.
Small Pox ..	—	—	—	—	—	—	—	0.007	—	—	—	—	—	—	—	0.025
Measles ..	—	—	0.22	—	—	—	0.05	0.368	0.38	0.78	0.90	0.17	0.31	0.43	0.64	0.45
Scarlet Fever ..	—	—	—	0.45	—	0.45	0.10	0.146	0.31	0.61	0.22	0.57	0.16	0.05	0.39	0.217
Diphtheria ..	—	—	—	—	0.46	—	0.05	0.252	0.08	0.11	0.16	—	0.21	0.26	0.10	0.20
Whooping Cough ..	—	—	—	—	0.46	—	0.05	0.299	0.27	0.21	0.38	0.48	0.58	0.64	0.33	0.438
Typhus Fever..	—	—	—	—	—	—	—	0.175	—	—	—	—	—	—	—	0.006
Enteric or Typhoid Fever ..	0.55	—	—	—	0.46	—	0.20		0.21	0.25	0.28	0.16	0.17	0.42	0.23	0.176
Simple and Ill-defined Continued Fever ..	—	—	—	—	—	—	—	0.887	—	—	0.02	—	—	—	0.007	0.014
Diarrhoea & Dysentery	0.18	0.31	0.44	—	—	—	0.20		0.33	0.18	0.16	0.30	0.05	0.10	0.25	0.61
TOTALS..	0.74	0.31	0.67	0.45	1.38	0.45	0.66	2.14	1.59	2.14	2.13	1.68	1.48	1.91	1.95	2.14

N.B.—A dash in the above Table indicates no death had occurred.

TABLE V.—Showing the Number of Deaths from Phthisis during the year 1895, and the Death Rates from Phthisis since 1885.

Name of Locality.	No. of Deaths in 1895	Death Rate per 1000 of Population.													Mean Rate, 1885-94.	1895
		1885	1886	1887	1888	1889	1890	1891	1892	1893	1894					
Parish of Llandilo-Talybont..	13	2.73	1.91	1.80	1.35	3.42	3.50	1.51	2.13	1.54	1.90				2.18	2.40
Parish of Penderry ..	4	1.72	1.37	0.98	1.89	1.53	2.94	2.23	2.22	0.32	2.23				1.74	1.25
Swansea Higher ..	7	1.41	0.70	1.84	2.62	1.11	3.33	1.46	1.45	1.87	1.59				1.74	1.55
Swansea Lower ..	3	0.55	1.66	1.11	1.47	2.41	1.42	1.95	0.48	0.92	0.45				1.24	1.35
Loughor Borough ..	7	2.42	2.35	0.00	2.27	0.55	1.07	2.42	0.48	1.42	2.80				1.58	3.22
Parish of Gowerton ..	3	1.88	1.76	0.56	1.10	1.05	1.54	1.41	2.31	1.38	3.18				1.62	1.35
Llandilo-Talybont Division..	37	1.71	1.28	1.56	2.00	1.94	2.97	1.71	1.69	1.29	1.67				1.78	1.88
England and Wales ..	—	1.77	1.74	1.62	1.57	1.57	1.68	1.60	1.47	1.47	1.385				1.59	—

If corrections be made for Deaths of non-residents, the rate for the Division in 1895 is 1.83, and that of Loughor, 2.77.

TABLE VI.—INFANT MORTALITY.

Deaths of Children under 1 year of age per 1000 Registered Births.												
Name of Locality.	Mean Rate, 1885-94											
	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	Mean Rate, 1885-94	1895
Parish of Llandilo Talybont ..	100	153	156	126	148	100	114	152	224	149	142	155
Parish of Penderry ..	78	105	150	143	165	142	114	138	200	165	140	229
Swansea Higher ..	65	97	221	126	173	108	111	106	151	202	136	164
Swansea Lower ..	98	144	60	31	138	133	169	89	128	84	107	73
Loughor Borough ..	68	38	105	97	105	120	145	117	174	92	106	203
Parish of Gowerton ..	77	98	224	133	110	106	131	74	125	155	123	109
Llandilo-Talybont Division ..	80	119	170	119	160	115	119	125	180	160	135	161
England and Wales ..	138	149	145	136	144	151	149	148	159	137	146	161

INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

This Act was adopted in 1889, and under its provisions 91 cases were notified in 1895. Of those cases 71 were Scarlet Fever, 2 Diphtheria, 3 Erysipelas, and 15 Typhoid Fever. Excluding the newly-added area, in which Scarlet Fever was epidemic at the time of transfer, 48 cases were notified, as compared with 73, 71, 162, 217, and 103 in the previous five years of compulsory notification.

SCARLET FEVER.

In my last Annual Report I pointed out that scarlet fever had never been absent from the Llandilo-Talybont Division during the last twenty years, and amongst the chief reasons for its prolonged stay I mentioned the following:—The contiguity of this Division with the populous County Borough of Swansea, and the consequent facilities for repeated importation, school agency, imperfect isolation, wilful exposure of children suffering from the disease, utterly unnecessary visits of children or their friends to infected houses.

As this is the most troublesome infectious disease in Llandilo-Talybont, it may be worth while to give a few cases met with in 1895, which illustrate some of the above modes of propagation. (1st) A mild case of scarlet fever occurred in Loughor; three children living at considerable distances from each other visited the infected house, and each of the three developed scarlet fever. One of those three, before the nature of his very slight illness was diagnosed, went to play in a neighbour's house, and scarlet fever occurred there also. A little servant girl, nursing an infected child in the first house, was herself attacked by fever and visited by her mother, who conveyed the infection to two of her other children. (2nd) A man visited a relative in Swansea, who was convalescent from scarlet fever, and the result was three cases in the visitor's own family in Sketty. (3rd) A collier conveyed the infection from his own home at Penclawdd to his lodgings in Gorseinon, four miles off, though himself unaffected. (4th) A little girl, who had been on a few days' visit to an infected family in Swansea was found on her return home to be suffering from scarlet fever.

Last January I reported to you that children in the peeling stage were running freely about the streets in Caersalem, Gowerton and Loughor. I stated to you that the guardians of the children were ignorant of the danger to the public health caused by such exposure, and recommended that, before ordering a prosecution, your Council should issue handbills setting forth the penalties provided by the Public Health Act, 1875. Your Council immediately adopted my suggestion, and the handbills have had the desired effect, no cases of wilful exposure having been since discovered by your officers.

A copy of every notification of scarlet fever received during the past year has been invariably and promptly forwarded to the headmaster of every school attended by any member of the infected household, together with a request for the exclusion of all members of the family for a period of six weeks or longer.

Unfortunately the law provides no means of preventing visits of men, women, and children to infected houses, and we can only hope that the public may gradually be educated up to a proper view of this matter. Visits to an infected house may be justifiable if made for the purpose of rendering necessary assistance in nursing or housework, but are not defensible if made for any other consideration.

Carbolic oil for inunction is supplied in connection with each case of scarlet fever.

Of the 71 cases notified, 25 occurred in Gowerton, 12 in Loughor, 9 in Forest Fach, 7 in Gorseinon, 6 in Sketty, 4 in Caersalem, 3 in Treboeth, 3 in Maesygwaelod, near Penclawdd, and 2 in Waunarlwydd. As stated elsewhere, scarlet fever was epidemic in Gowerton at the time of its transfer to this Division.

The mortality was gratifyingly low, only two cases terminating fatally. Of the 525 cases notified during the past six years 21 ended fatally, equal to a case mortality of exactly 4 per cent.

DIPHTHERIA.

Two cases were notified, one at Carmel Terrace, Pont Lliw, and the other at Bwlch-y-Mynydd, Loughor. The former was, in all probability, due to contact at school at the end of December, 1894, with the fatal case of so-called membranous croup, reported in my last annual report, but a pre-disposing cause was to be found in the filthy state of a gutter which ran close to the back door of the house.

The second case was so indefinite as to necessitate my sending some material from the throat to the Medical Officer of the Local Government Board for bacteriological examination. The discovery of typical bacilli showed the case to be one of true diphtheria. As I duly forwarded a special report on this case I need not enter into details. The case, I regret to say, terminated fatally.

TYPHOID OR ENTERIC FEVER.

During the past year 15 cases were notified, as compared with 17, 17, 15, and 14 in the four preceding years. Of the cases notified in 1895, 6 occurred in the County Police Station at Pontardulais, 1 in Tynybone, Pontardulais, 1 in Cymmy Place, Loughor, 1 in Waun Coed, Treboeth, 1 in Middle Road, Gendros, 2 in Waunarlwydd, 2 in Tycoch, near Sketty, and 1 in Gurnos Terrace, Gowerton.

No cases of this disease came to my knowledge during the first half of the year. Nowhere, but in Pontardulais Police Station, did a second case of typhoid fever occur in the same house, and as the history of that outbreak is both interesting and instructive I propose to give it in detail, and to merely mention the most important points in connection with the other cases.

At Pontardulais Police Station the first case occurred on 24th July, and was so obscure that its nature was only ascertained when, after a few weeks' interval five other cases of fever occurred, all of which presented the typhoid rash, and some of them intestinal hæmorrhage.

The fever did not spread beyond the house first invaded, and there had been no other known cases of that disease in the town for a year.

The milk supply was free from all suspicion of contamination, and there were no cases elsewhere of typhoid fever amongst consumers of milk from the same dairy farm.

The house and its surroundings were kept in a thoroughly clean state. Slop-water and the excreta from two w.c.'s were conveyed by glazed earthenware pipes to a cesspool situated a long way from the house; and the pipes were sufficiently trapped and ventilated.

The family obtained their water supply from a private well, situated in close proximity to the w.c.'s, and to the soil-pipe leading from them. The well was 16 feet deep, and its walls consisted entirely of loose, dry stones, with the exception of two courses of bricks at the top, set in cement. The well was securely covered, and the pump was placed in the kitchen. Suspicions as to the purity of this water were soon confirmed by the discovery of a defective joint in the soil-pipe, which permitted free leakage. This broken joint was situated 18 inches below the surface of the ground, and at a distance of 6 feet from the well; so that, as the soil was porous and gravelly, contamination of the well was inevitable. The water had, at frequent intervals during the last three years, given off a most offensive stench, and the family had often talked of abandoning its use and employing water from a public pump, situated 50 yards off.

A sample of water from the private well was submitted to a public analyst, and his report contained the following:—

“As regards organic matter, the water is of normal quality. The amount of oxidised nitrogen compounds is, however, rather high, and the presence of nitrites distinctly suspicious. I am of opinion that the surroundings of the well should be inspected, as the nitrogen compounds are originally derived from animal organic matter.”

That the contamination of the well had been going on for a long period is evident from the character of the broken joint in the soil-pipe, and the fact that the offensive odour already mentioned had been observed, at intervals, for years.

No case of typhoid fever had occurred in the house previously, but the inmates had not enjoyed robust health.

Why did the sewage contaminated water cause typhoid fever this autumn, though in previous years it had failed to do so? The reason seems to be that, so long as the sewage contained only ordinary excremental filth, it was incapable of producing typhoid fever; but that, in this instance, as in many recorded outbreaks in other parts of England and Wales, as soon as the excreta of the first typhoid patient obtained access to the well, the water acquired the power of producing typhoid fever in those who drank it. The water from this private well was used only by the inmates of the Station, and six of the seven inmates were attacked by the fever, the only one who escaped being the police sergeant's wife, who nursed all the patients through their illness. The dates of the primary and secondary cases seem fully to confirm the view that the last five cases were due to the excreta of the first patient obtaining access to the well. The first case occurred on 24th July; the second, third, and fourth cases on 15th, 16th, and 17th August respectively; the fifth on the 26th August; and the sixth on 10th September. The interval that elapsed between the first case and the appearance of the next three is such as would allow a reasonable time for the passage of the specific poison into the well, and the subsequent period of incubation in the bodies of the patients. The later appearance of the fever in the fifth case is satisfactorily explained by the fact that this patient made it a rule never to drink water unless it had been previously boiled; but one night, about 15th August, finding no hot water available, he drank more than a pint of water taken direct from the pump, and to that he himself attributed his illness. The late occurrence of the sixth case is clearly due to the fact that this patient had only returned home on 24th August, after many months' absence.

Whence the first patient derived the infection has not been ascertained; but, as his duties were of such a nature as to entail frequent absences from home, and the consequent use of water and food from innumerable sources, it is fair to infer that he imported the infection from some distance.

I have to acknowledge the invaluable assistance of the county medical officer (Dr. Williams) in the investigation of the outbreak.

I regret to state that three of the six cases ended fatally. The well has been closed and the pump removed, the cesspool was filled with quicklime, and the sewage pipes were thoroughly disinfected. All bedding badly soaked with discharges was destroyed, and the house and its contents were thoroughly disinfected.

The case at Tynybone, Pontardulais, seems to have had no connection with the series of cases at the police station, as the two houses are a mile apart, and the patient had had no communication with any of the inmates of

the station. The history of this patient's movements points to his having contracted the infection in Swansea Borough, but a powerful predisposing cause was to be found in the insanitary state of the premises, a very filthy piggery being situated close to the well from which the private water supply was obtained.

The case at Cymmy Place, Loughor, ended fatally. Here the water was obtained from a private well, which was utterly unprotected and situated close to an open drain for slop water, and under the level of an adjoining cultivated field. A case of typhoid fever occurred in the same house four years previously, and the source of water supply was then the same. Analysis of the water showed a very large excess of nitrates, and your Council ordered the well to be satisfactorily protected, or else closed.

The case at Waun Coed, Treboeth, was due to infection contracted in Pembrokeshire, but an unprotected private well on the premises was ordered to be protected, as it might prove a source of danger in the future.

The origin of the case in Middle Road, Gendros, is unknown, but a filthy piggery was situated close to the house. No supply of pure water existed within reasonable distance—a defect which is about to be remedied by your Council.

One of the cases in Waunarlwydd occurred in a public-house, a fact which suggests possibilities of infection from the excreta of some mild typhoid case using the pail privy of the public-house. The other Waunarlwydd case followed the visit of an aunt who had been nursing a typhoid patient, and who had brought her little nephew a present of sweetmeats and other eatables.

The two cases in Tycoch, near Sketty, were contracted in Swansea Borough, and there is nothing to report on the state of the houses except dampness of the walls.

The case in Gurnos Terrace, Gowerton, was of unknown origin, but the patient had been working in a neighbouring district for several weeks immediately before his illness.

Upon receipt of notification of a case of typhoid fever, prompt steps are taken to secure thorough disinfection of all discharges from the patient.

ERYSIPELAS.

Three cases were notified during the year. Two of these were due to injury. The third was apparently idiopathic, and terminated fatally by extension to the brain; the patient was only five months old. There was no connection between the three cases.

MEASLES.

A number of cases occurred at different periods of the year in Forest Fach, Waunarlwydd, Gorseinon, and Loughor, but the disease did not assume epidemic proportions in any locality. Only one case proved fatal.

RÖTHELN.

Rötheln, or German measles, made its appearance in Gorseinon, Gowerton, Loughor, and Forest Fach during the second quarter of the year. Though the cases were very numerous, no deaths occurred.

MUMPS.

A large number of cases occurred during the last quarter of the year in Loughor, Gorseinon, and other portions of the district. This is a trivial disease, and produced no deaths, but it interfered considerably with school attendance.

WHOOPIING COUGH.

This disease prevailed to a considerable extent during 1895, being a legacy from last year's epidemic, but only one death was ascribed to it.

INFLUENZA.

An epidemic of influenza occurred throughout this Division in the first quarter of the year, and three deaths were attributed to it.

VACCINATION.

The control of this most important branch of preventive medicine rests with the Guardians and not with the Sanitary Authority, but, through the kindness of G. B. Haynes, Esq., Vaccination Officer of the Swansea Union, and David Jones, Esq., Vaccination Officer of the Llanelly Union, I am enabled to give the following statistics. The births of 676 children were registered in this Division in 1894, and of that number 597 have been successfully vaccinated, 66 died unvaccinated, the vaccination of 8 has been postponed by medical certificate, 3 have removed to places unknown, and 2 are not accounted for in any way. The number not finally accounted for on 1st January, 1896 (including postponements and removals) is thus only 13, equal to 1·9 per cent. The latest statistics published by the Local Government Board refer to 1891, and show that of the children whose births were registered in that year, 13·4 per cent. still remain unaccounted for. The statistics of this Division are, therefore, highly satisfactory, and reflect great credit on the energy of the Vaccination Officers.

ISOLATION HOSPITAL.

By arrangements entered into with the Swansea County Council, patients from this District are received into the Swansea Fever Hospital. During the past year no patients were sent from this Division, as in no case was there lack of proper lodging and accommodation, or any of the other conditions, which render compulsory removal possible. The advantages of voluntary removal to an isolation hospital were duly pointed out to the relatives of the patients but without avail.

In consequence of a report, presented by the County Medical Officer of Health, to the effect that the provision of a separate isolation hospital for Llangyfelach District was desirable, the Glamorgan County Council held a local inquiry at the end of last year, but the result has not yet been announced.

There is no disinfecting apparatus in this district.



TABLE VII.—RAINFALL IN 1895.

At Penllergaer, in the Parish of Penderry

RAIN GAUGE. { Diameter of Funnel, 5 inches.
 { Height of top { Above ground, 3 feet.
 Above sea level, 240 feet.

Month.	Total Depth.	Greatest Fall in 24 hours.		No. of days on which 0·01 or more fell.
	Inches.	Depth.	Date.	
January ..	6·65	0·75	20th	22
February ..	0·09	0·05	24th	2
March	4·62	0·76	23rd	19
April	2·74	1·08	22nd	14
May	0·54	0·30	31st	4
June	0·90	0·43	30th	7
July	4·75	1·25	1st	16
August ..	5·55	0·95	26th	16
September ..	1·23	0·54	10th	6
October ..	4·01	0·95	1st	14
November ..	6·49	0·91	15th	22
December ..	3·89	0·66	14th	22
Total ..	41·46	—	—	164

Average annual rainfall at Penllergaer, 1885-94, 45·99 in.

Greatest 61·61 in. in 1891

Least 33·54 in. in 1887

Average annual rainfall in England and Wales, 1885-94 (as recorded in Symons's "British Rainfall,") 31·93 inches.

For the above table I am indebted to the kindness of Sir John T. Dillwyn-Llewelyn, Bart., M.P.

TABLE VIII.—Statement furnished by Mr. John Thomas, A.M.I.C.E., Surveyor to the Llangyfelach Rural District Council, as to

NEW STRUCTURAL WORK,

carried out during 1895 in the Llandilo-Talybont Division :—

- 1st Extension of water mains at Gowerton; tank at Cefngoleu cemented; new wash out into Caedafydd stream provided.
- 2nd Extensions and alterations at Ffynon-y-Waun Spring, Ravenhill.
- 3rd Galvanised-iron storage tank fixed at Gendros.
- 4th Seven new fountains erected in Gendros (Swansea and Middle Roads).
- 5th New fountain near Beaufort, Forest Fach.
- 6th New fountain at Mynydd-Bach-y-Glo.
- 7th New fountain at Cory Street, Sketty.
- 8th New fountain at Wimmerfield, near Olchfa.
- 9th King's Bridge Drainage carried out by Parish Council of Loughor Borough.

During the past year plans were considered and approved of by the District Council for the formation of 2 new streets, the erection of 84 new dwelling-houses and 4 shops, and additions to 5 dwelling-houses and 1 inn.

WATER SUPPLY.

The water supply of Waunarlwydd, Mynydd-Bach-y-Glo, Ystrad Road, and Forest Fach is excellent, the water being obtained by gravitation from Cwmllwyd Reservoir, and this supply was last year extended to Gendros and its immediate neighbourhood.

The water supply of Sketty, Dunvant, and Killay is obtained from Pistyll Gwyn Spring, the water being pumped by means of a small gas engine. The quality of the water is excellent, but the people complain of a tarry taste, owing to many of the pipes being yet new.

The higher portions of Cockett Parish are still destitute of a proper water supply, and the consideration of this matter has occupied much of the time of your Council and of the Cockett Parish Council during the past year. It is to be hoped that one of the many schemes suggested will soon be carried into execution.

The water supply of Treboeth is satisfactory, being derived from a number of excellent springs.

Pontardulais derives its water supply entirely from shallow wells, and the history of the virulent outbreak of typhoid fever there last year shows how readily such sources may become contaminated, and cause sickness and death. My predecessor, in almost every one of his annual reports, dwelt upon the necessity of providing a proper water supply for Pontardulais, and advocated the carrying out of either the Camffrwd or the Dulais scheme; but, through the determined opposition of the inhabitants to the proposed expenditure, his suggestions were not acted upon. The cost of either of those schemes would not be excessive, and it should be evident to all that a moderate amount of money expended for such a purpose would be money well spent. Experience has shown only too frequently that a man may be as surely killed by drinking specifically contaminated water as by swallowing any other form of poison.

The water supply of Loughor Borough is obtained from a series of springs and shallow wells, which have been protected from surface infiltration, but the public complain that the water from most of those wells is not very palatable. Mason's Road is very inadequately supplied.

Gowerton water supply cannot be considered satisfactory. Ordinarily the water is derived from the Cefngoleu springs, which are of excellent quality; but the supply from this source is frequently inadequate, and water from the Cefngoleu Stream is then turned into the mains, and delivered unfiltered to the consumer. It is true that on such occasions printed notices are posted up warning the public not to use the water for drinking purposes without previous boiling, but it is very doubtful whether

a large proportion of the people do not ignore the recommendation. Cattle, pigs, and ducks have free access to the stream a few yards above the intake. Table VIII. shows that the water mains have been extended during the past year

Of all populous centres in the Llandilo-Talybout Division, Gorseinon possesses the worst water supply, and, though typhoid did not make its appearance in the village during 1895, yet in the six years of compulsory notification, typhoid fever has been three times as common in Gorseinon in proportion to its population, as in the rest of the Division. A scheme for the provision of water from the Parc Mawr Springs is at present under the consideration of your Council. Should the quantity and quality of the water prove satisfactory it will be a great boon to Gorseinon. The analyst's report has not yet been received.

Eventually a large general scheme for one common water supply for Pontardulais, Gorseinon, and Gowerton will probably be found necessary, but at present it is felt that such a scheme would be somewhat premature.

Various improvements during the past year in the water supply of this Division will be found enumerated in Table VIII.

DRAINAGE AND SEWERAGE.

Of all the towns and villages in this Division Gowerton alone possesses a system of sewerage and drainage. The Gowerton sewers discharge into the tidal portion of the Lliwytha stream. Plans for the extension of the sewerage system have been prepared by your surveyor, and have been remitted to the Gowerton Parish Council for their consideration.

All the other towns and villages possess merely a few drains intended for the benefit of a few houses and ending in cesspools, or on the surface of fields, or in streams and rivers. In many of the villages the cost of providing sewers would be prohibitive, but such is not the case in regard to Sketty, Pontardulais, and Gorseinon.

In Sketty sewers might be constructed with ease, and arrangements made with the Swansea County Council for their connection with the sewers of Swansea Borough, Sketty being situated partly in the Borough and partly in the Rural District.

In Pontardulais all slop water is thrown on the surface of the gardens, and, as most of the town is built on a porous gravelly soil, the shallow wells, which form the only source of water supply, are certain to be contaminated. The gardens also are dirty and offensive. Plans were prepared by the late Sanitary Authority for the drainage of the town into the River Loughor, which is tidal at Pontardulais, but, owing to the opposition of the Parish Council, grounded on the cost of the scheme, its further consideration has been postponed indefinitely.

In Gorseinon an impervious stratum of clay is in most places only 2—3 feet below the surface, and, as all slop water is thrown on the gardens, it simply drains on to the back roads, and renders them most offensive. Both my predecessor and the County Medical Officer reported many times that the provision of means for the disposal of slop and surface water was an absolute necessity. The number of both fatal and non-fatal cases of typhoid fever and diphtheria during the last six years was excessive, and, recognising those facts, the late Sanitary Authority prepared plans for draining all slop and surface water into the non-tidal portion of the River Lliw. The Local Government Board sent an engineering inspector to hold a local inquiry, and he insisted, as an indispensable condition to the sanction of a loan, that the sewers should be carried a distance of about $1\frac{1}{2}$ miles further, so as to discharge into the tidal portion of the river. The additional cost which this extension would involve proved a stumbling block; but I would again submit that it is highly desirable that an adequate scheme should be carried out with the least possible delay. During 1895, for the first time since the introduction of compulsory notification (1889), the year has elapsed without the notification of any case of typhoid fever or diphtheria, but when a case of either of these diseases is next imported into Gorseinon, the sewage-sodden

soil will again, as in former years, facilitate the spread of the disease and conduce to its assuming a virulent form.

In Loughor Borough some works of drainage and sewerage were carried out during the past year, but they only benefit a few houses, and no general scheme has been attempted.

DISPOSAL OF REFUSE.

With regard to the disposal of human excrement, the "Pail System" has been in vogue for many years, and most of the populous centres are attended to by scavenging contractors, provided with scavenging drums. It is a moot point whether your Council do not in some cases accept too low tenders for scavenging. The pail system, in order to be satisfactory, requires a good contractor, and efficient supervision by the inspector of nuisances. If the scavenger wishes to shirk his duty he can easily do so, as it is manifestly impossible for any inspector, no matter how zealous he may be, to inspect each of three or four thousand closets weekly, or even fortnightly. Gowerton Parish sets the rest of the Division a good example by paying its contractor well, with the result that the work is done thoroughly, and complaints of neglect are as infrequent there as they are common elsewhere.

Loughor Borough is the only parish in this Division which has failed to provide a scavenger, and this neglect ought not to be allowed to continue. A very large proportion of houses in the Borough were unprovided with privies, but since the transfer of the parish to Llangyfelach District, a great improvement in that respect has taken place, thanks to the untiring energy of the inspector.

A scavenger ought to be provided for the Treboeth and Caersalem portion of Penderry.

The following table, furnished by the Inspector of Nuisances, shows the work performed by scavenging contractors during the year 1895 :—

TABLE IX.—REMOVAL OF REFUSE.

Number of Scaven'ing District.	Name of Parish.	Name of Locality.	Cesspools Emptied.	Dry Ash Privies Emptied.	Pails or Buckets Emptied.	Ashes Removed.
						Loads.
1	Cockett ..	Sketty ..	25	1,235	194	199
2	Cockett ..	Cockett, Mile End, &c. ..	3	934	484	24
3	Llandilo-Talybont	Pontardulais	8	1,410	1,223	95
4 (a)	Llandilo-Talybont	Gorseinon ..	--	145	11,180	123
4 (b)	Penderry ..	Gorseinon & Penllergaer .	—	125	3,172	14
10	Gowerton ..	Gowerton ..	—	—	7,732	288

FACTORY AND WORKSHOP ACTS.

The duty of enforcing the provisions of the above Acts, so far as regards cleanliness, ventilation, overcrowding, and lime-washing of workshops, devolves upon the Sanitary Authority and its officers. During the past year a thorough inquiry was made with a view to the discovery of workshops not already on our register, and there cannot be many workshops which did not, during 1895, receive visits from both myself and the Inspectors of Nuisances. Every workroom known to exist in this Division has been measured, and a card has been fixed on the wall, specifying the maximum number of persons that may be employed at once in that particular room during ordinary hours and periods of overtime respectively; the standards adopted being those of the Factory and Workshops Acts, 1895, which prescribes a minimum space of 250 cubic feet for each person during ordinary hours and 400 cubic feet during any period of overtime. The card also contains a number of blank lines, on which the occupier must show the dates when the

workshop was limewashed, papered, or painted. The state of the workshops as regards limewashing and general cleanliness has improved very much during the past year. Six cases of overcrowding and nine of defective ventilation were discovered, and in all those cases, with but one exception, the defects have been remedied by the provision of new workrooms or of better means of ventilation. In the one case still unremedied, notice has been duly served on the occupier.

OVERCROWDING OF DWELLING HOUSES.

Four cases were reported to your Council during the past year, and in three of these the nuisance was promptly abated, whilst in the fourth case (a back to back house) the service of a legal notice was found necessary.

HOUSING OF THE WORKING CLASSES.

The dwellings of the working classes are, as a rule, in a good state of repair and generally of recent construction. They are usually well ventilated, and cases of overcrowding are very rare. The average workman's house contains three or four rooms, in addition to a kitchen and back kitchen. There is no crowding of houses upon space, and there are very few back to back houses. The privy accommodation is generally satisfactory. The subject of drainage and sewerage is discussed in an earlier portion of this report. There are two serious defects in this Division—there are few perfectly dry houses and few yards are paved. Dampness of houses constitutes a grave danger to the public health, and demands your serious consideration. Its occurrence could be prevented in the case of all new houses if the excellent provisions in your Bye-Laws as to efficient damp courses and impervious basements were rigidly enforced.

During the past year I reported to you six houses as unfit for habitation, through their having been permitted to fall into a state of disrepair. Notices were duly served upon the owners, and the houses have since been made fit for habitation.

HOUSES LET IN LODGINGS.

These are numerous, and, on the whole, satisfactory ; but further improvement could be attained if Bye-Laws were framed for their regulation.

RIVER POLLUTION.

All the rivers and streams in this Division are polluted by sewage, by manufacturing effluents, or by evil-smelling and filthy water from collieries, but so long as no system of sewerage is provided, I fear little can be done to check the pollution.

PREVENTION OF NUISANCES.

Bye-Laws for the Prevention of Nuisances ought to be framed without delay. The Model Bye-Laws of the Local Government Board contain, amongst other things, the following important provisions :— 1st. No load of filth must be deposited for more than 24 hours within (100) yards of any street, dwelling, public building, or place of business. Night-soil, deposited for agricultural purposes upon land within (100) yards of any street, dwelling, public building, or place of business, must be deodorised, or at once dug or ploughed into the ground. 2nd. Swine must not be kept at less than a certain specified distance from any dwelling. 3rd. Cattle must not be kept in any place where they may pollute water likely to be used for drinking, domestic, or dairy purposes, or for manufacturing drinks. 4th. A similar prohibition as to storage of dung. 5th. Premises wherein are kept swine, cattle, or horses, must be provided with proper receptacles for manure and with efficient drainage.

OFFENSIVE TRADES.

The only offensive trades in this Division are bone-boiling and tripe-boiling. All the residents within 200 or 300 yards of the places where those trades are carried on complain bitterly of the disgusting effluvia which pollute the air and penetrate into the houses. Those trades are carried on in a primitive fashion, the boilers being situated in the open air, and the vapours simply discharged into the air three or four feet above the

ground level, and allowed to diffuse as best they may. Urban powers ought to be applied for, and the Model Bye-Laws of the Local Government Board ought to be adopted.

SLAUGHTER-HOUSES.

The slaughter-houses of this Division are, with few exceptions, situated in too close proximity to dwelling houses, and destitute of a proper water supply and of satisfactory drainage, and their surroundings are in most cases filthy. Your Council has wisely resolved to frame Bye-Laws for the regulation of slaughter-houses, and that resolution ought to be carried into effect with the least possible delay, as without Bye-Laws no permanent improvement can be achieved. Legal proceedings in past years for the abatement of nuisances in slaughter houses caused much annoyance to the butchers, but produced only a very temporary improvement. One new slaughter-house was erected at Gorseinon during the past year, and its situation and construction are in most respects satisfactory.

DAIRIES, COWSHEDS, AND MILKSHOPS.

Regulations framed under the Order of 1885 received the sanction of the Local Government Board last year, and will, no doubt, lead to a gradual improvement in the condition of the dairies and cowsheds of this Division.

Infectious disease was present in only one dairy during the past year. Five cases of scarlet fever occurred last April in Caereithen, a large dairy farm, and, on visiting the farm house a few hours after receipt of the notification, I was both surprised and pleased to find that the farmer had already taken most admirable precautions to prevent the milk from becoming a vehicle of infection. The cows were milked and tended by farm servants who did not live on the farm, and who were not permitted to have any intercourse with the inmates of the farmhouse; the milk was not brought to the dairy, but sent direct to the milkshops; and the inmates of the farmhouse were not allowed access to either the cows or the milk. My duty, therefore, was

only to order a continuance of those precautions, and they were so thoroughly carried out that no case of scarlet fever occurred amongst the consumers of the milk. As the milk was mainly disposed of in Swansea, I forwarded immediate notification of the outbreak to the Medical Officer of Health of Swansea Borough, and he also was satisfied with the precautions taken. Unfortunately, such intelligent and hearty co-operation on the part of the public is much more rare than it ought to be

ROADS AND STREETS.

I regret that I cannot congratulate your Council on the state of many of the District and Parish Roads and private streets. The laws of the realm compel children to attend school, but it is not conducive to their health to keep them sitting in school with damp feet, the result of wading through pools of water and trudging through mud.

The lack of pavements, or even proper footpaths, in many portions of the villages and towns is a defect that ought to be remedied. And I may be allowed to point out as rather anomalous the fact that, though your Council wisely insists on pavement being laid down in front of all new houses, no measures whatever are taken to secure that the pavement should be kept in repair.

BURIAL GROUNDS.

All Burial Grounds in this Division are connected with Churches or Chapels, and most of them are situated in unpleasantly close proximity to shallow wells from which drinking water is obtained, but I have not discovered any evidence of definite injury to health from this cause. The Burial Grounds are quite adequate for the requirements of the present and of the immediate future.

SALE OF FOOD AND DRUGS ACTS.

The duties of Inspectors under the above Acts are entrusted to the Superintendents, Inspectors, and Sergeants of the County Police.

During the past year I have made systematic inspection from time to time of every portion of my district. I have also visited immediately, upon receipt of notification, every house in which a case of infectious disease occurred. The Inspectors of Nuisances have performed their arduous duties to my perfect satisfaction, and their reports show a most creditable record of excellent work during 1895.

Appended to this report are Tables A. and B., prescribed by the Local Government Board, and Table C., prescribed by the Sanitary Committee of the Glamorgan County Council.

I have the honour to be,

Gentlemen,

Your obedient Servant,

TRAFFORD MITCHELL.

Gorseinon, February, 1896.



TABLE A. TABLE OF DEATHS during the year 1895, in the Llandilo-Talybont Division of the Llangyfelach Rural District, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics.	Mortality from all causes, at subjoined Ages.							Mortality from subjoined Causes, distinguishing Deaths of Children under five years of age.																							
	At all ages.	Under 1 year	1 and under 5	5 and under 15	15 and under 25.	25 and under 65.	65 and upwards.	(i)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.						Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneu- monia and Pleurisy.	Heart Disease.	Influenza.	Injuries.	All other Diseases.	TOTAL.
													Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Parish of Llandilo- Talybont	90	34	13	5	6	17	15	Under 5 5 upwds.	..	..	..	..	..	3	..	..	..	..	..	..	..	1	..	13	14	3	..	..	..	32	47
Parish of Penderry	..	49	24	5	2	0	11	Under 5 5 upwds.	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	6	5	2	1	..	20	29
Parish of Swansea Higher	73	26	8	2	6	17	14	Under 5 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	8	10	9	1	..	22	34
Parish of Cockett Swansea Lower	18	4	1	2	1	5	5	Under 5 5 upwds.	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	3	5	
Parish of Loughor Borough	49	16	2	3	2	17	9	Under 5 5 upwds.	..	..	1	..	..	1	..	..	..	..	..	..	1	..	..	1	3	5	9	1	2	12	18
Parish of Gowerton	..	29	7	4	4	1	9	Under 5 5 upwds.	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	3	..	..	9	11	
Totals..	308	111	33	18	16	71	59	Under 5 5 upwds.	..	2	1	..	..	4	..	..	..	..	1	1	1	4	..	2	33	27	29	3	1	98	144

The subjoined numbers have also to be taken into account in judging of the above records of mortality.

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Deaths occurring outside the Division among persons belonging thereto.	4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

Area of the Division, 20,793 acres. Population (1891), 17,645. General Death Rate 15.6 per 1,000 of population, estimated to middle of 1895. Infant Death Rate 161 per 1,000 Births Registered.

TABLE B.—TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1895, in the Llandilo-Talybont Division of the Llangyfelach Rural District; classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics.	Population at all Ages.		Registered Births.	Aged under 5 or over 5.	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.													Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospital.																					
	Census, 1891.	Estimated to the middle of 1895.			FEVERS.													Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup	FEVERS.							Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerpera.	Cholera.	Erysipelas.				
					Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus	Enteric or Typhoid	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.	12	13					1	2	3	4	5	6	7								8	9	10	11
(a)	(b)	(c)	(d)	(e)	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11											
Parish of Llandilo-Talybont	4634	5414	220	Under 5 5 Upwds.	..	3	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
Parish of Penderry	2679	3199	105	Under 5 5 Upwds.	..	3	..	..	..	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..											
Parish of Cockett	{	Swansea Higher	4085	4496	158	Under 5 5 Upwds.	..	3	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
		Swansea Lower	2051	2220	55	Under 5 5 Upwds.	..	3	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
Parish of Loughor Borough	2064	2168	79	Under 5 5 Upwds.	..	6	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
Parish of Gowerton	2132	2223	70	Under 5 5 Upwds.	..	13	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
TOTALS	17645	19720	687	Under 5 5 Upwds.	..	31	1	..	..	15	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..											

The Infectious Disease (Notification) Act was adopted in 1889. The Isolation Hospital is the Swansea Fever Hospital, situated in the County Borough of Swansea.

TABLE B—TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health during the year 1894, in the Llandilo-Talybont Division of the Llangyfelach Rural Sanitary District; classified according to Diseases, Ages and Localities.

Diseases, Ages and Localities.					New cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.													Number of such Cases removed from their Homes in the several Localities for treatment in Isolation Hospital.													Aged Under 5 or over 5.																																																																																																																																																																																																																																																																																																																																																
NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	Population at all ages.		Registered Births.	Aged Under 5 or over 5.	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Fevers.					Cholera.	Erysipelas.					Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Fevers.					Cholera.	Erysipelas.																																																																																																																																																																																																																																																																																																																																																	
	Census, 1891.	Estimated to middle of 1894.							Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.											Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.										Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	

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